"AGRICULTURAL WORKERS' HEALTH AND MEDICAL ASSOCIATION": ITS MEDICAL ACTIVITIES ENDANGERED

California Medical Association Has Coöperated With the Government.—When, several years ago, the problem of the migratory agricultural workers came to the front in California, the medical care needed by many of the migrants received considerable attention. CALIFORNIA AND WESTERN MEDICINE presented editorial and other comment on the subject. Many readers will remember that when the Council of the California Medical Association was asked for advice by the governmental authorities, the name of Dr. Karl L. Schaupp of San Francisco, present president of the California Medical Association, was submitted for election to the board of directors of the "Agricultural Workers' Health and Medical Association"—a nonprofit corporation under governmental sponsorship, that was created to provide ways and means for adequate medical care of the migratory agricultural workers and their families. It is pleasing to know that the program then established has been successfully administered. Much of the credit for the medical phases is due to the work of Doctor Schaupp, who has given serious thought and time to the enterprise.

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But Now Another Governmental Bureau Steps In.—It would be reasonable to assume that when a governmental agency is doing a much needed and vitally important service in successful manner that its mechanisms of procedure will not be disturbed. But alas and alack, in the present case, another governmental bureau—in an endeavor to make itself bigger, or to show its power, or for obscure reasons of political or other nature that have not yet become fully manifest—has seen fit to break into the picture and secure congressional legislation which, if not amended, may go far in nullifying the good medical care that has been thus far secured for the migrant workers, whose services are much needed in the agricultural districts of the Pacific States.

The bureau to which reference is made is the United States Employment Service. While it may be desirable for that agency to have in its files the names of all migratory workers, and so on, it surely is not necessary for it to espouse legislation that will deny to all migratory workers and their families who, struggling to secure work, merely fail to register through a United States Employment agency. Such a course penalizes the migratory agricultural worker who, in the American way, seeks and obtains work on his own initiative. If regimentation is necessary—and it should not be needed here—why enact it through a system that is obnoxious to the American mode of living? And why should a governmental bureau be so inconsistent and hard-hearted that only those who are willing to secure positions through its offices shall be permitted to have the medical care that has been supplied by the Government in its efforts to keep the migrant workers and their families physically fit? (For Council minute, see Item 15 on page 277.)

Proposed Amendment and Replies from Congressmen.—On other pages in this issue (pages 287-289) appear a copy of the letter which was sent to our California Congressmen in which a proposed amendment to Public Law 45 is indicated, and also the replies of the California representatives in Washington. The items are worthy of perusal. As stated, October 18, in the letter which was sent to Congressmen:

> The present wording of the Act is so restrictive that it excludes from medical care all agricultural workers who do not receive their employment as a result of some activity of some of the Government agencies financed by Public Law 45. This means that our own American agricultural workers who have sufficient initiative and ingenuity to develop employment resources of their own are denied medical assistance.

Component county societies who do not find reply letters from their respective Congressmen in the list elsewhere printed should feel free to again call attention to the proposed amendment. A list of Congressmen with their district numbers is given on page 285. Let us not fail in this. Write to your Congressman and urge enactment of S. 1493 (see page 287).

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PROBLEMS IN HOSPITAL NURSE ADMINISTRATION: ALSO A SAN FRANCISCO PROBLEM

Luxury Medicine.—"Luxury Medicine," one of the terms that war conditions have brought to the front, applies alike to certain medical service and nurse care, as given both in hospitals and homes. Under existing conditions, the reasons are understandable why unnecessary demands upon the time and services of physicians and nurses and the facilities of hospitals should not be made, when it is remembered that almost fifty thousand physicians, and more than thirty thousand graduate nurses, have been transferred from civilian into military practice. With such inroads upon physician and nurse personnel in civilian circles—at a time, too, when many communities have taken on increased activities in wartime industries—it should be evident to all that, if remaining physicians and nurses are to keep fit to carry on their work, especially with the extra duties thrust upon them, it will be necessary for all concerned to make sharp adjustments to have available services measure up to the standards laid down in recent years.

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Some Causes of "High Costs of Medical Care."—In many places, the "high costs of medical care" has been partly the joint fault of physicians and patients, since doctors found that time was conserved when patients were given care under institutional conditions; the patients acquiescing to the proposal for such supervision in the belief that recovery, with good results, would also be greatly expedited. The shock came, as a rule, not because the above procedures failed to work out in practice, but because the extra expense involved in professional service rendered in a hospital—(in one sense, an institution providing hotel service only to sick and injured persons)—was over and above what many families were in position to

pay without subjecting themselves to subsequent financial hardships and debt. It is possible, also, that one of the reasons why so many persons have today swung away from the medical profession is due in part not only to the larger amount of specialism that has become the vogue in modern medical care, and its increased expense, but also because, with these newer procedures, there has been lost, and many times, the human understanding, sympathy, and mutual esteem between physician and patient that were so prominent a feature in medical practice up to the last decade or so. Perhaps war conditions will aid in the reëstablishment of the much to be desired former physician-patient relationship.

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Progress in the Nursing Profession.—Medical progress of late years has not been altogether dependent on the medical profession, since its handmaiden, the nursing profession, has been of great aid. The transition from practical to registered nursing, with constant improvement in the education and training provided by accredited schools, has been notable. Therefore, it is not surprising that, in recent years, duty assignments of nurses in many hospitals were changed from twelve to eight-hour shifts. Particularly has this been the case in regard to special nurses.

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Government's War Needs in Nursing Service.—Comes now the war, with 32,000 graduate nurses already in service with the armed forces, and a quota of 32,000 additional nurses to be supplied during the coming year; that campaign being under the sponsorship of the American Red Cross. Nor is this all, for our Government has established the "United States Nurse Cadet Corps," and through the United States Public Health Service and associated groups, seeks to matriculate 62,000 high school graduates during the next twelve months, to receive training in accredited schools of nursing; the costs of tuition and maintenance of the student nurses to be paid by the Government.*

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A San Francisco Hospital Problem.—On other pages of this issue are items telling of certain complications which have arisen in the administration of hospitals located in the San Francisco area. The Stanford Hospital, for example, found it necessary to outline a plan for a readjustment of special nursing. However, as submitted, the changes failed to secure the approval of organized nursing. A modified plan has since been submitted and is being tried out for a period of three months. Here again, medicine and its allied interests are faced with another problem in which the give-and-take elements must come into action if a happy solution is to be found. It is to be hoped that whatever is finally decided upon will work out to the best interests of all concerned, namely, to patients, hospitals, physicians, and nurses. Readers who are interested will find the various items referred to, on page 290.

* For other information, see CALIFORNIA AND WESTERN MEDICINE, September, pages 188-189.

ENTEROHEPATIC CIRCULATION OF ESTROGENS

An interesting contribution to the physiology of sex hormones is contained in proof of an enterohepatic circulation of estrogens recently reported by Cantarow [1] and his associates of Jefferson Medical College, Philadelphia.

Data previously reported by these clinicians [2] led to the belief that considerable quantities of exogenous estrogen are excreted in the bile. To confirm this belief, bile was obtained by duodenal intubation of menopausal women before and after intramuscular injection of 120,000 I. U. diethylstilbestrol. The initial samples were negative. During the first half-hour after injection, however, 440 I. U. were recovered from the bile, increasing to 8,200 I. U. during the fourth half-hour period, and then decreasing to 108 I. U. during the seventh half-hour period. The total biliary excretion during the first three and one-half hour period was 15,558 I. U., or 13 per cent of the intramuscularly injected dose.

In order to confirm the postulated excretion for endogenous estrogens, bile was obtained by the same technique from several women at full-term pregnancy, and three to seven days after delivery. An average of about 800 I. U. estrogen per 100 c.c. was demonstrated in full-term pregnancy bile, contrasted with 250 I. U. in the blood stream. The biliary excretion fell to 240 I. U. by the seventh postpartum day, at which time the blood assay showed only 9 I. U.

Similar tests were made on bile-fistula dogs. After intravenous injection of 4,000 units of chorionic gonadotropin or pregnant mare serum gonadotropin, bile was collected for four consecutive twenty-four-hour periods. These samples showed an average total biliary excretion of 600 I. U. by the end of the fourth day, or approximately 15 per cent of the intravenously injected dose.

In order to determine the subsequent history of this excreted estrogen, 300,000 I. U. (3 mg.) alpha-estradiol in 5 c.c. bile were introduced into an isolated canine jejunal loop. Some forty-five minutes later blood was allowed to flow for a half-hour period from the severed veins, draining this loop. Analysis showed 6,000 I. U. estrogen per 100 c.c. in this drainage blood.

From these and other data, Cantarow concludes that large amounts of both endogenous and exogenous estrogen are excreted in the bile in which it may be present in much higher concentrations than in the peripheral blood or urine. The rapid absorption of estrogen from the isolated intestinal loop points to a very efficient enterohepatic circulation of both exogenous and endogenous estrogen, which may prove to be of practical clinical interest.

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REFERENCES

1. Cantarow, A., Rakoff, A. E., Paschkis, K. E., Hansen, L. P., and Walkling, A. A.: Proc. Soc. Exp. Biol. and Med., 52:256 (March), 1943.

2. Cantarow, A., Rakoff, A. E., Paschkis, K. E., and Hansen, L. P.: Proc. Soc. Exp. Biol. and Med., 49:707, 1942.